Success Story

EHR Optimization

Background

Lighthouse Healthcare Advisors assisted a medium sized health system with 12 Multi-specialty Practices, 2 Clinics, 2 Urgent Care Centers, and 3 Primary Care Offices. The health system implemented a highly regarded electronic medical record software. However, the implementation was rushed which led to extreme user dissatisfaction.

Objective

Investigate user frustration and identify workflow inefficiencies, waste, gaps in process and compliance concerns.

Approach

• Developed process maps and refined workflows for office visits
• Collaborated with information technology for creation of enhanced EHR training protocols
• Assessed the billing process to identify charge capture risk and revenue opportunities

Findings

Training & IT Support

There was a lack of training/IT support for the EHR software leading to material inefficiencies. LHA acknowledged that only having one full-time employee designated to EHR training was the leading cause of these issues. Additionally, there were no written training protocols.

Application Design/Interface Issues

The system's lab interface was not interoperable at all sites and did not recognize the provider's location. Consequently, lab results were duplicated between two EHR technologies.

EHR order processes were inefficient due to the differences between the two software's dictionaries. Selecting accurate diagnosis codes was a challenge.

Policies & Procedures

The policies and procedure manual had no index and new items were only created once issues arose.

Provider Inefficiency

Approximately 20% of the providers documented on a laptop while in the exam room. Providers who documented after the encounter increase the risk of inaccurate documentation. Additionally, LHA noted there was no x-ray capability in the orthopedic suite, which created logistical issues for patients who required x-rays prior to their appointment. This also increased unnecessary downtime for the providers.

Compliance

Observations provided insight into the daily use of the EMR and found that some providers were not meeting measures required by the Meaningful Use program. LHA additionally recognized some offices to be unknowingly performing tasks that failed to comply with meaningful use requirements. For example, producing a visit/discharge summary and then shredding it instead of giving it to the patient.

LHA identified that many offices had front desk professionals reviewing medical codes without appropriate training or experience leading to coding inaccuracy. Many of the location's office staff had no previous billing experience in creating and submitting claims. A lack of experience results in rejections/payment adjustments within the process. The system informed LHA that a follow-up with payers was only occurring if claims were denied or if the payer asked for more information. Additionally, the follow-up team was organized by the patient's last name and not payer which is a best practice.

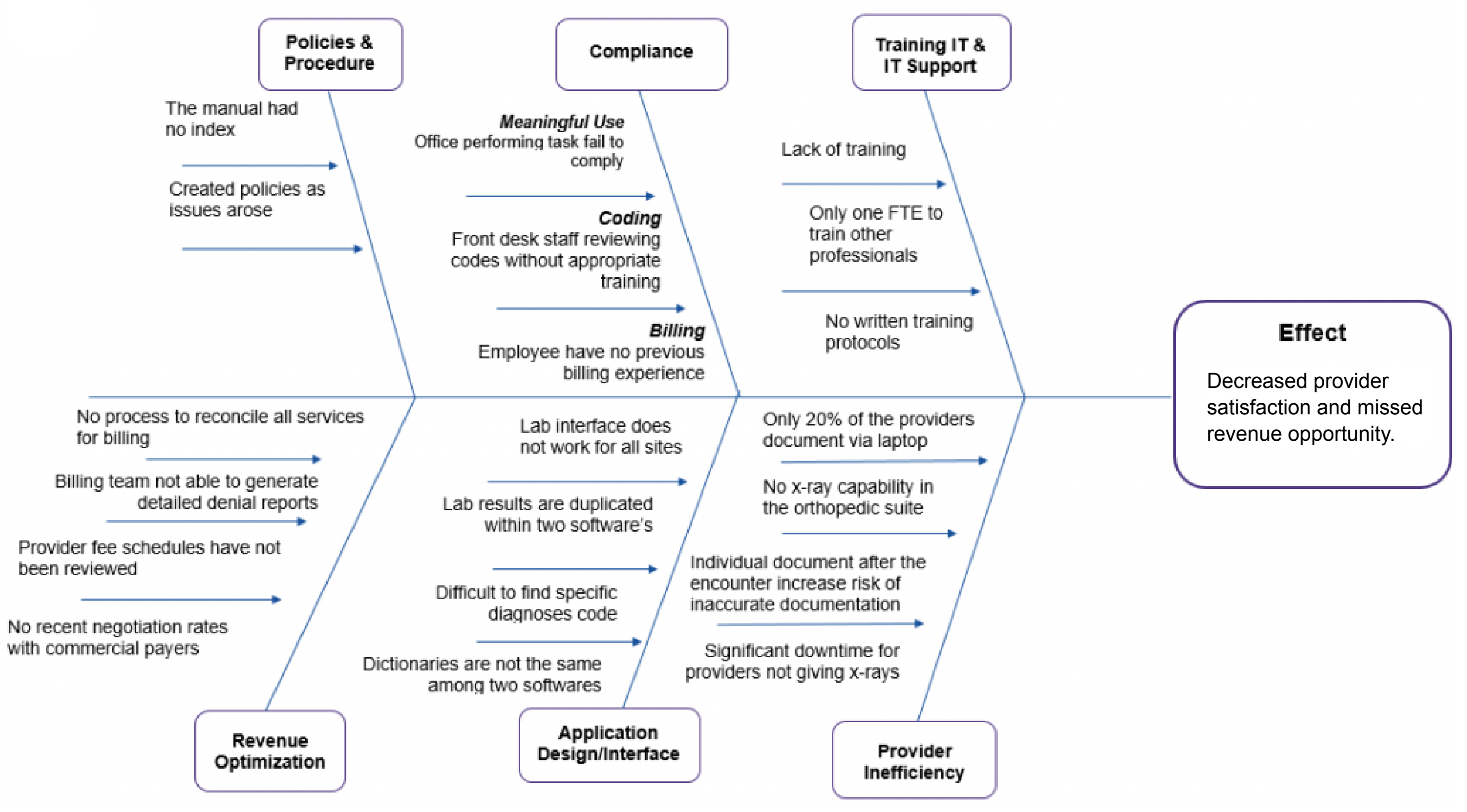
Revenue Optimization

There was no charge capture and payment reconciliation process in place. This left the organization open to missing potential revenue.

The billing team was unable to generate a detailed denials report. Lack of denial reporting prevented the organization from completing necessary analyses to maximize revenue.

LHA also recognized an opportunity for increased revenue by conducting a fee analysis and negotiating rates with the commercial payers.

Detailed Assessment of Workflow Findings



Recommendations

LHA was able to recommend efficient processes to enhance the quality and cost-effectiveness of patient care as well as improve provider experience. LHA delivered focused recommendations in the following areas:

• Organizational structure
• Policies & Procedures
• Re-implementation of the EHR
• IT training protocols
• Revenue Cycle reporting and reconcilation

Conclusion

LHA partnered with the client to diminish user frustration by addressing technology barriers, providing customized workflows, and developing comprehensive training manuals. The focus on system optimization and policies and procedure development led to improvements in charge capture and provider productivity.

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